



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 GRANDFATHER SURVEYOR PHOTOGRAMMETRIST EXPERIENCE VERIFICATION FORM**

Instructions:

Applicant: Complete **Sections A and C**, **sign and date**, then forward form to the licensed land surveyor or licensed surveyor photogrammetrist who can provide evidence of your employment as a surveyor photogrammetrist or similar remote sensing technology in responsible charge as defined in 18 VAC 10-20-310.C and 18 VAC 10-20-310.D pursuant to Chapter 4 of the *Code of Virginia*. Each position must be listed on a separate *Experience Verification Form* and verified with an original signature. Photocopies of this form should be made as needed.

Verifier: Complete **Sections B and D**, **sign, date and seal**, then return form to the applicant.

Section A (to be completed by applicant)

1. Applicant's Name

Last	First	Middle	Generation
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2. Social Security Number or Virginia DMV Control Number*

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* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address

City	State	Zip Code

4. Employer (verifying experience on this form)

5. Employer's Address

City	State	Zip Code

6. Supervisor's Name

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Section B (to be completed by verifier)

1. Verifier's Name

Last	First	Middle	Generation
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2. Verifier's Title

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3. Do you hold any of the following licenses? Check **all** that apply.

		State(s)	License Number	Year of Initial Licensure
Land Surveyor	<input type="checkbox"/>			
Surveyor Photogrammetrist	<input type="checkbox"/>			
Other _____	<input type="checkbox"/>			

4. What is your business relationship to the applicant?

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Section C (to be completed by applicant)

Job Description – Provide your job title(s) during your employment with the firm listed in Section A. Describe in detail, using specific project examples, your duties under each title with a specific time frame for each. Indicate your level of responsibility for each position you have held. Please use a separate *Experience Verification Form* for each job title. If additional space is needed for this employer, please copy this form.

Position/Title	From MM/YY	To MM/YY	Part-time? Less than 35 hrs/week	NO <input type="checkbox"/>	YES <input type="checkbox"/>
			Average part-time hours per week		
Percent of work time devoted to those duties described below:					
Length of time spent in this position:		Number of Years	Number of Months		
Applicant's Signature			Date		

Section D (to be completed by verifier)

During this time, were you a licensed land surveyor or surveyor photogrammetrist and did you supervise the applicant?

Yes ☐

No ☐

To the best of your knowledge, did the applicant correctly describe his/her experience in **Section C**?

Yes ☐

No ☐ If no, please provide an explanation below.

(SEAL)

Verifier's Signature _____

Date _____